

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION**

Karen N. Miller, et al.

Plaintiffs

v.

Credit Counselors of Cincinnati

Defendant

Case No. C-1-00-403

District Judge Susan Dlott

03 SEP 10 PM 2:16

AFFIDAVIT OF HEIR OF DECEASED CLASS MEMBER

STATE OF

OHIO

COUNTY OF

WARREN} SS: 276-54-7783

The undersigned Affiant, upon being first duly sworn, does hereby depose and state:

1. This Affidavit is submitted on behalf of the lawful heirs of _____, deceased, who was, prior to his or her death, a customer/client of Credit Counselors of Cincinnati ("CCC"), (hereinafter "Decedent").

2. Decedent was a member of the Class of persons entitled to receive a portion of a Settlement Fund established for the purpose of compensating individual members of the Class.

3. No Application to appoint an Executor or Administrator of Decedent's Estate is pending or has been granted in any jurisdiction. Decedent was domiciled in the State of _____ at the time of Decedent's death.

4. Affiant has full authority to execute the Proof of Claim and Release submitted on behalf of Decedent in this litigation. The Affiant also has the authority to submit the proof of Claim and bind the heirs, successors and assigns of Decedent. All of the heirs of the Decedent are aware of the filing of this Affidavit.

5. Affiant has full authority to receive any amount paid pursuant to the Proof of Claim submitted on behalf of Decedent, and will distribute such payment to those entitled to receive it in the shares required under the laws of Decedent's domicile. The names, addresses, and social security numbers of such persons are as follows: (you may attach a separate piece of paper with additional names, if necessary)

Name	Address	SS Number
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<u>JOHN HOLDBROOK</u>	<u>2526 TRINITY DR</u>	<u>276-54-7783</u>
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6. Affiant swears and affirms that all statements in this Affidavit are true and correct in all material respects. Affiant acknowledges that the foregoing statements are being made for the purpose of obtaining payment pursuant to the Proof of Claim submitted by Affiant, and that any false statement may subject Affiant to penalties imposed by the Court, and/or monetary liability.

7. Affiant understands that money will be paid to him or her on behalf of Decedent, in reliance upon this Affidavit. Affiant, therefore, agrees to indemnify and hold harmless Credit Counselors of Cincinnati ("CCC"), the United States District Court, the Settlement Master and Class counsel from any and all costs, expenses or losses any such person or entity may incur for any payments made in error to a person not entitled to receive it when such payment is made in reliance upon this Affidavit.

JOHN A. HOLDBROOK
(Affiant's Full Name) (PLEASE TYPE OR PRINT)

276-54-7783
(Affiant's Social Security Number)

2526 TRINITY DR.
MIDDLE TOWN, OHIO 45044
(Affiant's Address)

John A. Holdbrook
(Signature of Affiant)

On this _____ day of _____, 2001, before me personally came _____, personally known to be the identical person whose name is affixed to the above Affidavit and acknowledged the execution thereof to be his or her voluntary act and deed.

Notary Public

My commission expires: _____

PROOF OF CLAIM FORM

Miller v. Credit Counselors of Cincinnati ("CCC")
Southern District of Ohio, Case No. C-1-00-403

If you signed a debt management agreement with Credit Counselors of Cincinnati or Credit Counselors Corporation (hereafter "CCC") from May 17, 1995, to June 30, 2001, and made payments to CCC for credit-related services, you may be entitled to a payment from CCC. To be eligible for such a payment you must fill in the information on this page.

In order to process your claim ALL of the following fields must be completed.

1. NAME OF PERSON WHO SIGNED A DEBT MANAGEMENT AGREEMENT WITH CCC FROM MAY 17, 1995, TO JUNE 30, 2001, AND WHO MADE PAYMENTS TO CCC FOR CREDIT-RELATED SERVICES:

JOHN A. HOLDBROOK

2. SOCIAL SECURITY NUMBER OF PERSON WHOSE NAME APPEARS ABOVE:

276 54 7783

3. CURRENT ADDRESS OF PERSON NAMED IN #1 ABOVE:

2526 TRINITY DR

MIDDLETOWN, OHIO 45044

Telephone NO. 513-422-7767

3. APPROXIMATE DATE WHEN THE PERSON NAMED SIGNED A DEBT MANAGEMENT AGREEMENT WITH CCC:

10-3-99 OR 11-01-99

If the person who Signed a Debt Management Agreement with Credit Counselors of Cincinnati or Credit Counselors Corporation is now deceased, a legal representative of said person must complete the Affidavit on the reverse side of this form. **NOTE: The Representative's signature must be notarized.**

Return this completed form by mailing it to the following address no later than September 29, 2003:

Virginia Conlan Whitman, Special Master
Credit Counselors Settlement Fund
P.O. Box 477
Cincinnati, OH 45201-0477

John A. Holdbrook
Signature of Class Member or Legal Representative

PROOF OF CLAIM FORMS POSTMARKED AFTER SEPTEMBER 29, 2003 WILL NOT BE ACCEPTED.